



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Nueva Vida Behavioral Health and Associates

Respondent Name

Travelers Indemnity Co

MFDR Tracking Number

M4-13-3411

Carrier's Austin Representative

Box Number 05

MFDR Date Received

August 26, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The date of service being denied for payment is 8/28/12. This date of service was performed within the authorized timeframe and denied in error."

Amount in Dispute: \$660.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier reviewed the billing and denied reimbursement on the basis that preauthorization was not obtained prior to the services being performed."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| August 28, 2012 | 90801 | \$660.00 | \$0.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.600 sets out the guidelines for prospective and concurrent review of healthcare.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - TXF5 – Repeat psychological interviews require preauthorization
 - 16 – Claim/service lacks information which is needed for adjudication

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code TXF5 – "Repeat psychological interview require preauthorization." 28 Texas Administrative Code §134.600 (p) states,

Non-emergency health care requiring preauthorization includes:

(7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program;

Review of the submitted documentation finds:

- Document dated June 8, 2011 from Travelers
- The request for 90801 Diagnostic Interview 1 hour, and 96101 psychological testing an interpretation of report 2 hours
- Date of service is 6/8/1 - 7/8/11

The Division finds the carrier's denial is supported as the date of service in dispute is August 28, 2012. Insufficient evidence was found to support pre-authorization was received for this date of service. 28 Texas Administrative Code 134.600 (c) states,

The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care:

(1) listed in subsection (p) or (q) of this section only when the following situations occur:

(B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care;

2. Review of the submitted documentation finds insufficient information to support authorization was given thus the carrier is not liable. No additional payment can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 8, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.